FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Porwal Hemant							2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [ WCC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	TATION	(Firs	et) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/28/2024										Officer (give title below)  EVP Supply Chain & Operations					
SUITE 700					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person							
(Street) PITTSBI	URGH	PA	1	5219										Form filed by More than One Reporting Person								
(City)	(City) (State) (Zip)					1	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															
	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																					
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3en	eficia	lly Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (I 5)			s Acquired (A) or f (D) (Instr. 3, 4 a			Benefic	ies cially Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	Amount	(A) or (D) Pr		Price	Transa	ction(s) 3 and 4)			(111341. 4)		
Common Stock 06/28/2							.024			A		6.1015(1)	I	1	\$ <mark>0</mark>	18,4	18,453.3036		D			
Series A Preferred Stock															2,000				by Joint account			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any				ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) o Dispo of (D' (Instr and 5	rities lired r osed ) 1. 3, 4	6. Date Expirati (Month/	on Da	te Amear) Sec Un De Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of Sha	nber ires							

## **Explanation of Responses:**

1. Represents dividend equivalent rights ("DERs") in connection with the Issuer's quarterly dividend and accrued to the Reporting Person on restricted stock units ("RSUs") held by the Reporting Person. Each DER is the economic equivalent of one share of Issuer's common stock and vests on the same schedule as the underlying award.

> /s/ Michele Nelson, as Attorney-in-Fact

07/02/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.